



Open Agenda

Our Healthier South East London Joint Health Overview & Scrutiny Committee

Wednesday 26 September 2018

7.00 pm

Room B-06, Lambeth Town Hall, Brixton Hill, London, SW2 1RW

Membership

Reserves

Councillor Judith Ellis (Vice-Chair)
 Councillor Barrie Hargrove
 Councillor David Noakes
 Councillor John Muldoon
 Councillor Daniel Adilypour
 Councillor Caroline Newton
 Councillor Juliet Campbell
 Councillor Richard Diment
 Councillor Mark James
 Councillor Chris Lloyd
 Councillor Robert Mcilveen
 Councillor Philip Normal

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Contact Julie Timbrell on 020 7525 0514 or email: julie.timbrell@southwark.gov.uk
 Members of the committee are summoned to attend this meeting

Eleanor Kelly
 Chief Executive
 Date: 18 September 2018



Our Healthier South East London Joint Health Overview & Scrutiny Committee

Wednesday 26 September 2018
7.00 pm

Order of Business

| Item No. | Title | Page No. |
|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| 1. | ELECTION OF CHAIR AND VICE-CHAIR | |
| 2. | DISCLOSURE OF INTERESTS AND DISPENSATIONS Members to declare any interests and dispensations in respect of any item of business to be considered at the meeting. | |
| 3. | MINUTES OF THE MEETING HELD ON 12 MARCH 2018 To agree the minutes of the meeting held on 12 March 2018. | 1 - 6 |
| 4. | OUR HEALTHIER SOUTH EAST LONDON PROGRAMME The Our Healthier South East London briefing presentation enclosed will be presented by: <input type="checkbox"/> Julie Lowe, Programme Director – OHSEL STP [Lead Officer] <input type="checkbox"/> Mark Edginton, Programme Director, Community Based Care – OHSEL STP <input type="checkbox"/> Tom Wake, Head of Programme Management Office (PMO) – OHSEL STP The following are also enclosed: <input type="checkbox"/> Our Healthier South East London: Partnership Update <input type="checkbox"/> Our Healthier South East London: User Stories <input type="checkbox"/> A glossary of terms used by Our Healthier South East London | 7 - 56 |

5. WORKPLAN AND FUTURE BUSINESS

The Committee will discuss the work programme and future business.

6. ANY OTHER BUSINESS

To discuss any other business as accepted by the Chair as urgent.

Date: 18 September 2018



Our Healthier South East London Joint Health Overview & Scrutiny Committee

MINUTES of the OPEN section of the Our Healthier South East London Joint Health Overview & Scrutiny Committee held on Monday 12 March 2018 at 7.00 pm at Ground Floor Meeting Room G02B - 160 Tooley Street, London SE1 2QH

PRESENT: Councillor James Hunt (Chair)
Councillor Judith Ellis
Councillor Ian Dunn
Councillor Bill Williams
Councillor Ed Davie
Councillor Rob Hill

OTHER MEMBERS PRESENT:

OFFICER & Alan Goldsman – Chief Financial Officer, Kings College
PARTNER Hospital NHS Foundation Trust
SUPPORT: Andrew Bland – STP Lead, Chief Officer for Southwark CCG &
AO for Southwark, Greenwich and Bexley CCG
Angela Bhan – Chief Officer, Bromley CCG & STP SRO for
Urgent & Emergency

1. APOLOGIES

There were apologies from Councillors Ross Downing, Cherry Parker, Clare Morris, John Muldoon and Jacqui Dyer; who sent a representative, Councillor Ed Davie.

2. NOTIFICATION OF ANY ITEMS OF BUSINESS WHICH THE CHAIR DEEMS URGENT

There were none.

3. DISCLOSURE OF INTERESTS AND DISPENSATIONS

Councillor Judi Ellis declared that she was a Governor and her daughter was an employee of Oxleas NHS Foundation Trust.

Councillor Robert Hill declared that his wife was the Assistant General Secretary of UNISON.

Councillor James Hunt declared that his wife was an employee of Dartford and Gravesham NHS Trust.

Councillor Bill Williams declared that he was a Governor of Guy's and St Thomas' NHS Foundation Trust.

4. MINUTES

The Minutes of the meeting held on 13th December 2017 were agreed as a correct record.

5. DISCUSSION OF ANY OTHER OPEN ITEMS AS NOTIFIED AT THE START OF THE MEETING

There were none.

6. KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST - FINANCE BRIEFING

The chair asked NHS colleagues to introduce themselves:

- Alan Goldsman – Chief Financial Officer, Kings College Hospital NHS Foundation Trust (KCH)
- Andrew Bland – STP Lead, Chief Officer for Southwark CCG & AO for Southwark, Greenwich and Bexley CCG
- Angela Bhan – Chief Officer, Bromley CCG & STP SRO for Urgent & Emergency

The chair invited NHS colleagues to run through the presentation circulated with the agenda papers. The committee was then invited to ask questions.

A member asked what figure the Trust is being fined for not meeting targets. The Chief Financial Officer, KCH, said it was about £4 million. A member said that they thought this was perverse, particularly when there are matters outside of the control of King's: e.g. winter pressures and delayed discharge. He asked if there was more that local authorities could do to alleviate the pressures through social care and public health, while noting that councils obviously have their own pressures. He said that in particular he understands that in the region of 20% older people are not being discharged promptly, therefore perhaps collaborative work to improve this would be helpful.

CCG STP lead officer said that the fines are usually imposed in the context of a commissioner reinvestment; the CCGs do try and mitigate the impact, but they cannot speak for national NHS commissioner plans and policy. The CCG officers did agree that variations and failures frequently reflect system failures. In terms of improvement, discharge is important; however delayed transfers are in the region of 10 per day - not 20 %. The CCGs have a number of admission avoidance schemes to keep people well in the community, and CCGs also have work streams focused on complex patients. The member clarified that he was referring to 20% of older people facing delayed discharge. The CCG officers agreed that older people do have a range of complex needs that often need to be met and this can increase delays for this cohort in particular.

A member asked how the non – executive voice is engaged. King's has an Audit Committee. Is there any consultancy? The KCH Chief Financial Officer said they do have PWC involved supporting the KCH Trust with financial planning.

A member asked if there was enough due diligence with Princess Royal University Hospital (PRUH), given King's is a big business. She asked if the KCH Trust have people of the right calibre. The KCH Chief Financial Officer said that they are presently conducting a wide consultation on the plan to improve the Trust's financial position, in order to encourage clinical and managerial engagement and accountability. He said that it is important to be transparent, and discuss issues openly. They intend to continue to secure the present high level of clinical and management engagement. He said there is short term financial input and the Trust is working to strengthen the financial function going forward, this will focus on developing the Trusts own capability by training people and also through a new appointment.

A member asked about capital capacity in the PRUH. She said that she understands that there are shortfalls in resuscitation, which means that ambulance crews are not able to turn around faster enough. This is an issue of safety, treatment and ensuring that ambulance crews are back out in the field quickly. Is this caused because of a shortfall in capital investment? The Chief Financial Officer that that there is a lack of capital available - however the plan does include capital investment. The CCG Emergency lead commented that the Emergency Department outcomes for patients are in the top quarter for both PRUH and King's. The member commented that in local government we do spend to save. She said that she would feel more reassured if she heard this; while understanding the scale of the KCH Trust's financial pressures.

A member commented on the recent departure of Bob Kerslake as Chair of the KCH Trust and a conversation he had with him where he reiterated his public remarks that the NHS needs a drastic rethink in order to increase resources to meet growing urban demand. The member said that Kerslake does not think it is possible to remove the deficit. Kerslake has a huge reputation. The member commented that he would encourage King's to do what ever is possible; however it is not possible then scrutiny would expect to hear from you . He added that he thought that PWC were very expensive. The Chief Financial Officer said that they are members of NHS groups and networks; these indicate that there are opportunities to improve the Trust's value for money. He said our aim is to be the most efficient and best value business.

The CCG leads said that performance is not just about the hospital but also the wider system. We need to collectively think about our 90 years olds and how we can promote wellbeing and independence. There are also public health issues like smoking and obesity. A CCG officer said that he had also had a conversation with Bob Kerslake and there are questions about whether a realistic length of time was given to reduce the deficit, however there are efficiency benchmarks and we can not say that King's are as efficient as they could be. There may need to be a longer time given for return on investment: it is probably more realistic to think about 5 years, rather than the current two years, to eliminate the deficit.

A member asked about the STP and orthopaedic plans and if NHS colleagues anticipated any adverse financial impact from the recently announced expanded Guys & Thomas partnership with Johnson& Johnson orthopaedic care service. NHS CCG officers said that there would not be. The CCG advised that the STP plan has moved to a partnership

model. The orthopaedic network does fit within the partnership; sovereign bodies still have the ability to make decisions.

Members commented that that some boroughs have lost 56 % of public health grant, while seeing a significant rise in poverty. All the pre-determinants of health are going the wrong way. Councils are able to do return on investment; however there is very little that can be realised in the present set up. The CCG leads agreed it is challenging but remarked that initiatives to reduce isolation can have an immediate affect. The CCG Emergency lead added that if the health system does not undertake programmes to reduce acute demand then even more people will arrive at A & E.

7. KENT AND MEDWAY STROKE SERVICE CONSULTATION

The following NHS colleagues presented this item:

- Alan Goldsman – Chief Financial Officer, Kings College Hospital NHS Foundation Trust
- Andrew Bland – STP Lead, Chief Officer for Southwark CCG & AO for Southwark, Greenwich and Bexley CCG
- Angela Bhan – Chief Officer, Bromley CCG & STP SRO for Urgent & Emergency

Background was provided to the consultation. Stroke services in London had been reorganised nearly 10 years ago in order to create a network of 8 Hyper Acute Stroke Units (HASUs) where patients suspected of having a stroke are now taken. The units have the ability to provide patients with specialist care 24 hours a day. This model has proved successful.

Kent is now looking to reorganise into HASUs also, in order to improve outcomes. The models compiled by Kent and Medway would leave 3 HASUs across the county with various different combinations. Depending on the options chosen there may be potential impacts on stroke services in SE London.

- It was noted that should Darent Valley Hospital (DVH) not be designated a HASU then more patients may access services in SE London, with the potential for additional pressures at the PRUH. However, the CCG emergency lead stated that it would be a manageable number.
- It was likewise reported that if DVH is designated a HASU then there may be a slight reduction in the number of patients at the PRUH. It was acknowledged however, that South East London STP would support the improvement of stroke services in Kent. It was noted that Bexley CCG is a consultor and the other 5 boroughs of the SEL STP are consultees.
- A member commented that her principle concern is the volume and numbers of patients and if there has been sufficient modelling to accurately assess the impact on services. The CCG Emergency lead responded that they are doing the modelling and consultation in tandem. King's commented that they are looking at the impact; including follow on therapies.

- The committee asked if there will be consultants 24/7 at all three units. The CCG leads confirmed there will be; in order to do this there will need to be a concentration of resources at those sites.
- A member commented while it may make sense to spend 20 minutes longer travelling if there are better clinical services at the end, as has proved the case in recent changes to London HASU provision, however this present proposal for Kent covers a larger geographical spread and is looking like a much longer time traveling time; perhaps as long as 120 minutes. This needs to be accurately quantified in the modelling.

(From previous item)

- King's reported that they will be making a response to the Kent and Medway Stroke Services consultation as some options may have implications for the PRUH including additional patients. It was reported that the data provided is from NHS England and relates to episodes of care not numbers of patients; it was confirmed that the data in the consultation papers are accurate as they can be.
- Members expressed concern regarding the lack of a figure for the potential number of additional patients that could access services in SEL (depending on the option selected).

Members stated that patients were being transferred to Lewisham hospital due to the pressures currently at the PRUH. The CCG Emergency lead reported that they (OHSEL STP) were in close consultation with Kent and Medway STP and they are working with NHS England and Public Health England.

- The Committee agreed that they would be in support of options for DVH to be designated a Hyper Acute Stroke Unit (HASU) in light of the potential impact on the number of residents accessing services in SE London, should it not be designated a HASU.
- Concern was also expressed by the Committee regarding the achievability of the travel times cited in the consultation document.

RESOLVED the chair will provide a consultation response on behalf of the committee supporting options where Darent Valley Hospital (DVH) is a HASU.

8. WORK-PLAN

The Committee will meet following the local elections and set a workplan.

9. PART B - CLOSED BUSINESS

10. DISCUSSION OF ANY CLOSED ITEMS AS NOTIFIED AT THE START OF THE MEETING AND ACCEPTED BY THE CHAIR AS URGENT.

11. EXCLUSION OF PRESS AND PUBLIC

Joint Health Overview Scrutiny Committee (JHOSC)

26th September 2018



A partnership of NHS providers and Clinical Commissioning Groups serving the boroughs of Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark, with NHS England



Agenda Item 4

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Background

OHSEL was first established in 2013 by local health commissioners, to promote and develop more integrated, out-of-hospital and preventative care. Since 2015, and the creation of STPs, OHSEL now includes representatives from NHS trusts, local councils and other stakeholders, working in partnership to ensure a sustainable future for NHS services in south east London.

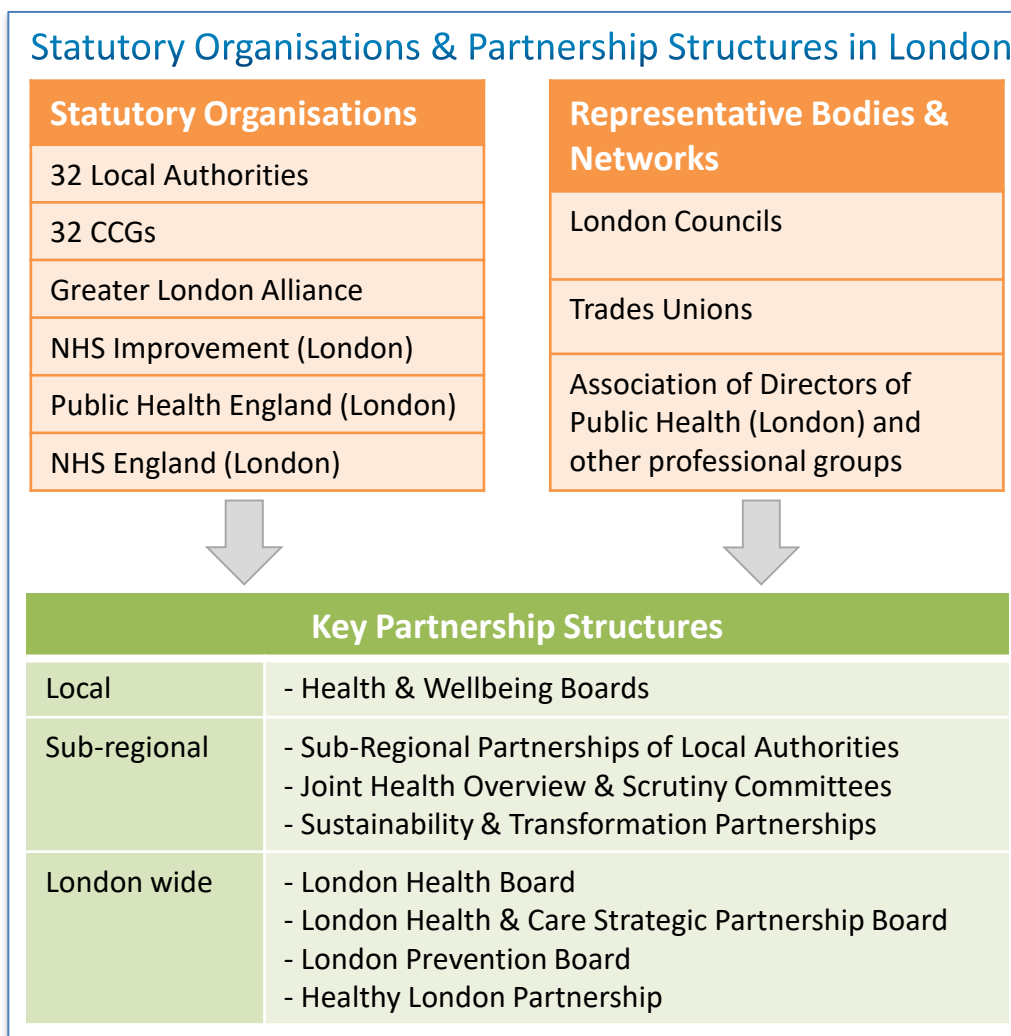
OHSEL represents a range of complex projects at different stages in their development. Our plans are the result of several years of discussion between patients, members of the public, doctors, nurses and other clinicians from different settings, council representatives, local and national commissioners and many others.

In 2018, the focus of the STP continues to be on how we can make services sustainable for the people of south east London, delivering high quality patient care with the best possible outcomes in ways that are affordable. To achieve this we are focusing on three key areas:

1. **Integrated care systems**, especially focusing on coordinated work at borough level and maximising the opportunities for community based care. These borough (or place based) systems are characterised by close working between CCGs, primary and community care and local authorities with involvement of local acute service providers.
2. **'End to end pathway work'**, which continues to be the focus of our clinical leadership groups. These pathways work from prevention and self-care through primary, community, acute and tertiary services and bring together physical and mental health. We know that evidence based, well-managed pathways lead to better patient outcomes and cost effective care.
3. **Provider collaboration** work, which includes productivity work in areas such as procurement, but is also increasingly looking at clinical collaboration to support fragile services and networked services for cancer, orthopaedics and pathology.

Introduction

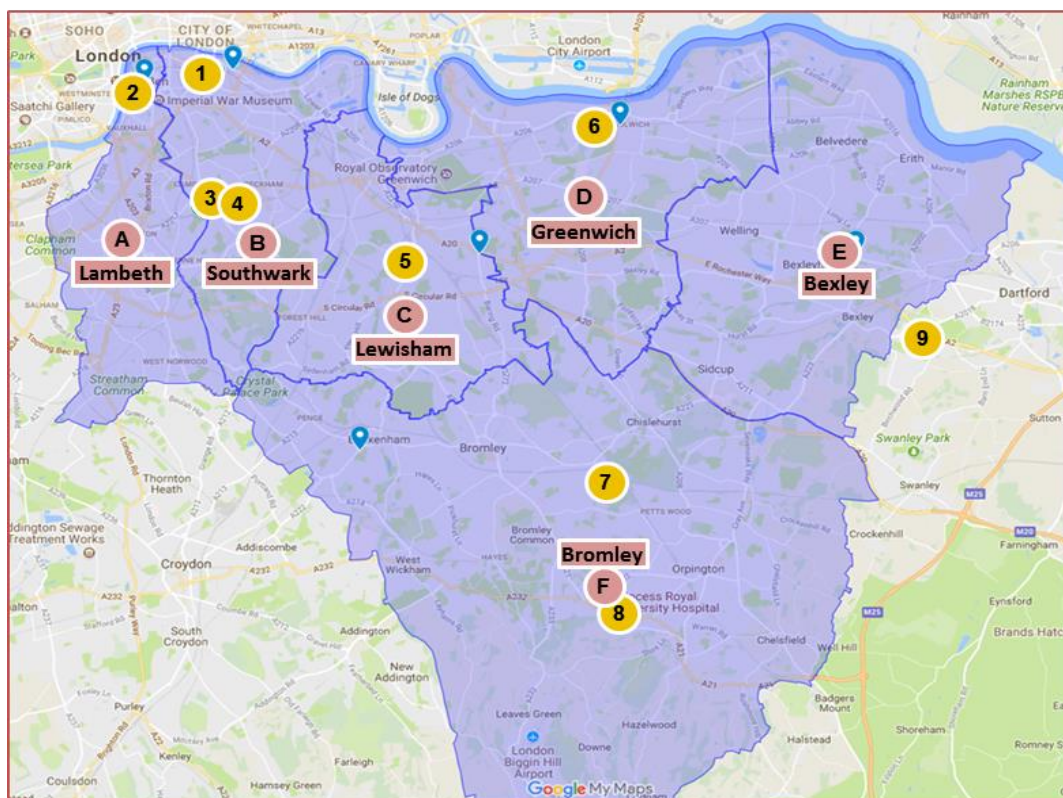
This is a basic pack aimed at new JHOSC members who may have no previous experience in working with health partners. It is presented as briefing material ahead of the scrutiny committee taking place on 26th September 2018.



SEL STP Map

South East London is a complicated system, with a diverse population served by many different and overlapping organisations.

SLaM is the key MH provider for Lambeth, Southwark and Lewisham



- Key**
- 1 Guy's
 - 2 St Thomas'
 - 3 King's College Hosp.
 - 4 South London and Maudsley
 - 5 University Hosp. Lewisham
 - 6 Queen Elizabeth Hosp.
 - 7 Oxleas
 - 8 Princess Royal University Hosp.
 - 9 Darent Valley Hosp.

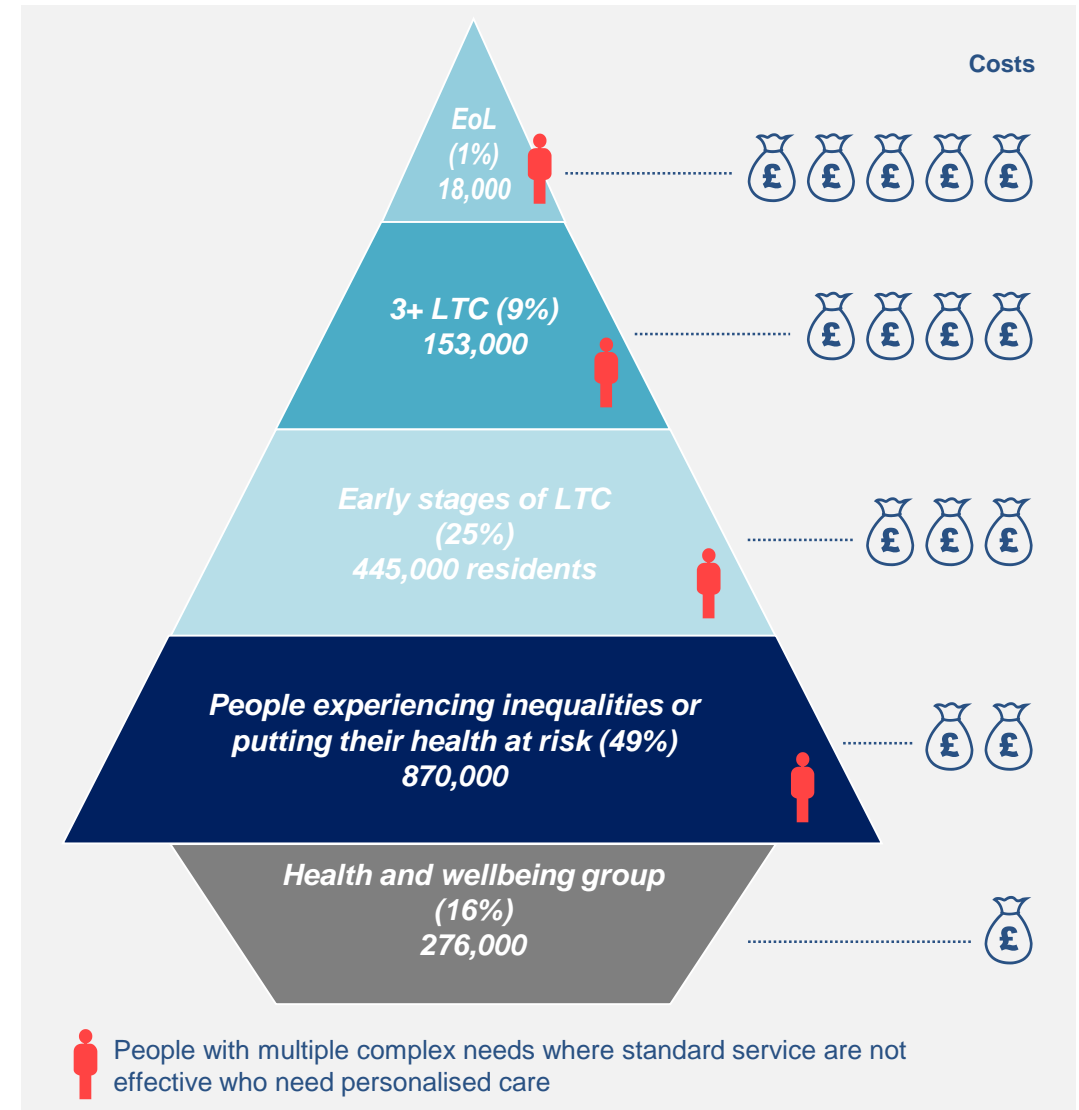
| | 4 | 7 | 1 | 2 | 3 | 8 | 5 | 6 | 9 | |
|-------------------------------|------|--------|------|-------|-----|-----|---|---|---|-------------------------------------------------------------------------------------------------------------------------|
| | SLaM | Oxleas | GSTT | Kings | LGT | DGT | | | | |
| A Lambeth CCG and LA | ● | - | ● ● | ● | - | - | | | | GSTT is a provider of acute services, and the main community provider, in Lambeth and Southwark |
| B Southwark CCG and LA | ● | - | ● ● | ● | - | - | | | | King's provides acute services across three boroughs (Lambeth, Southwark and Bromley) |
| C Lewisham CCG and LA | ● | - | - | - | ● ● | - | | | | LGT delivers acute services across Lewisham, Greenwich and Bexley, and community services in Lewisham |
| D Greenwich CCG and LA | - | ● ● | - | - | ● | - | | | | DGT sits outside the STP, but delivers a significant amount of work for Bexley |
| E Bexley CCG and LA | - | ● ● | - | - | - | ● | | | | Oxleas delivers MH, community and social care in Bexley, MH and community services in Greenwich, and MH only in Bromley |
| F Bromley CCG and LA | - | ● | - | ● | - | - | | | | |

- Key**
- Acute
 - Community
 - Mental Health
 - Social

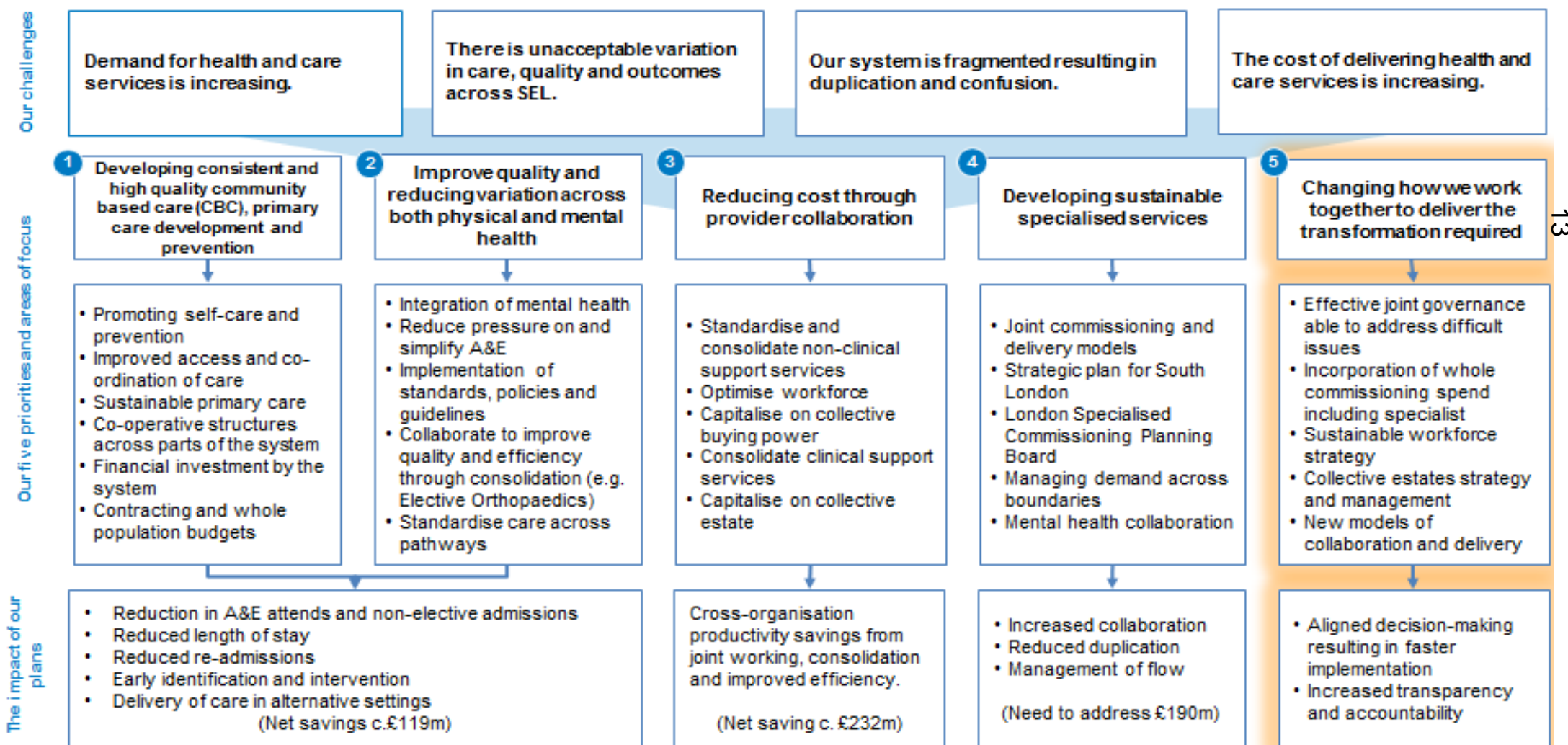
This table shows the main boroughs for providers. Note: It is not exhaustive and excludes specialist acute and mental health, which is often provided across and beyond the STP

The case for change (2016)

- Locally, we face many of the challenges that are experienced nationally. The three gaps that are identified in the 5YFV are found in SE London.
- The quality of care that patients receive too often depends on when and where they access services, resulting in variable outcomes and patient experience.
- In order to prevent these challenges from getting worse, it is imperative we ensure our population is enabled to stay well.
- However, we face a number of challenges to the prevention agenda, such as workforce recruitment and retention, and significant financial pressures across the health and care system.
- The model (right) segments our population into groups depending on their condition and level of risk.



STP plan on a page (2016)

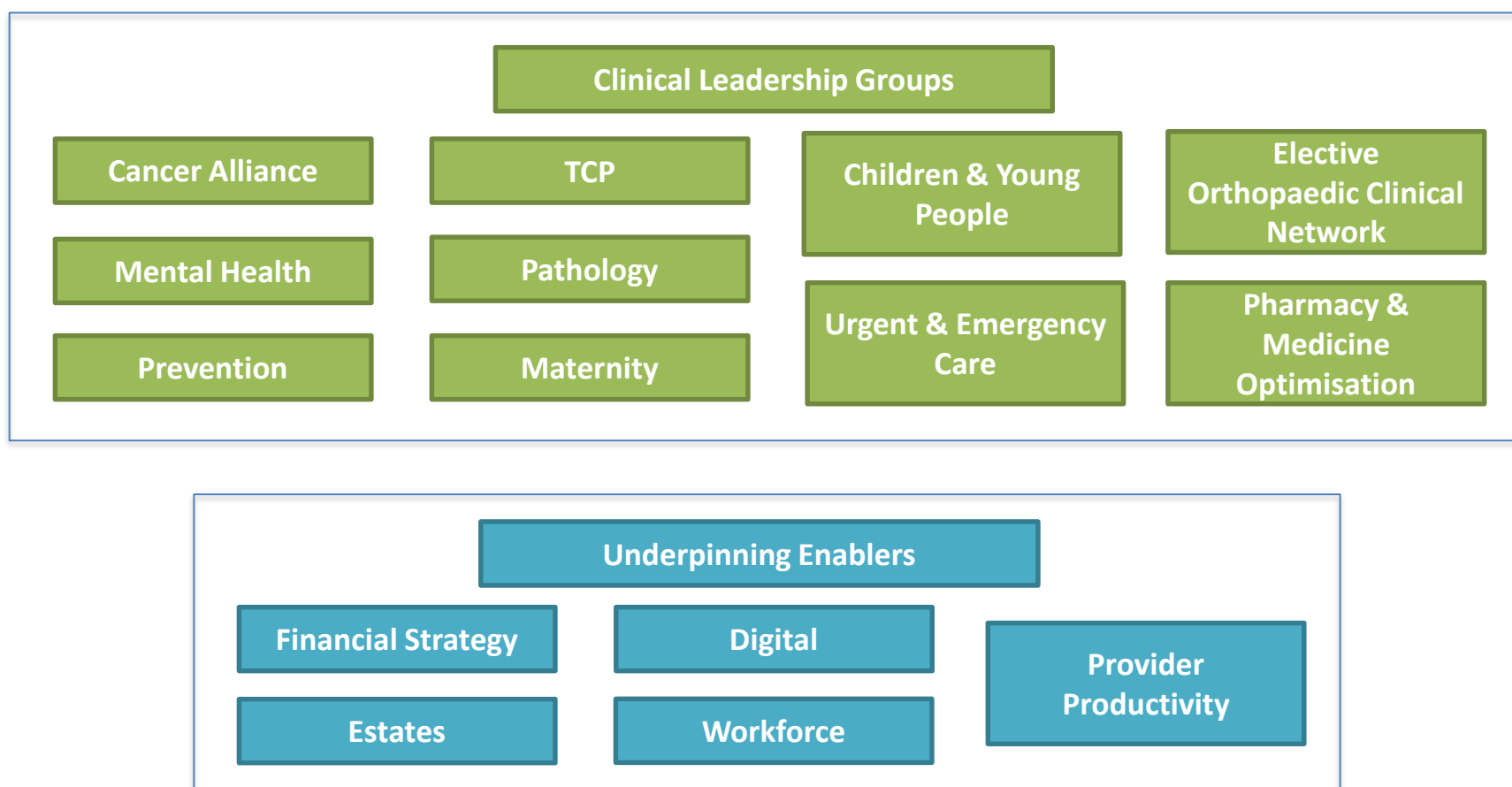


Working with JHOSC

These are examples of some of the programmes that have been scrutinised by the JHOSC over the last few years:

- Looking at proposals for orthopaedic surgery (2016)
- Kings' College Hospital Financial position (2018)
- Urgent and Emergency care (2017)
- Mental Health (2017)

OHSEL Programme Structure



Cancer

The SEL Cancer Alliance is one of the clinical programmes of work to support the transformation of care across South East London.

Priorities include:

- Preventing people from getting cancer.
- Screening for cancer.
- Treating patients who have been diagnosed with cancer in a timely way. Performance is measured through the '62 day cancer performance' targets.
- Living well with and beyond cancer.
- End of life (palliative) care.

Recent achievements include:

- Working closely with NHS Improvement's Intensive support team on reducing waiting times.
- Development of a one-stop gynaecology clinic at the Queen Elizabeth Hospital.
- Expansion of clinic for patients with worrying symptoms that do not fit a specific pathway across SE London.

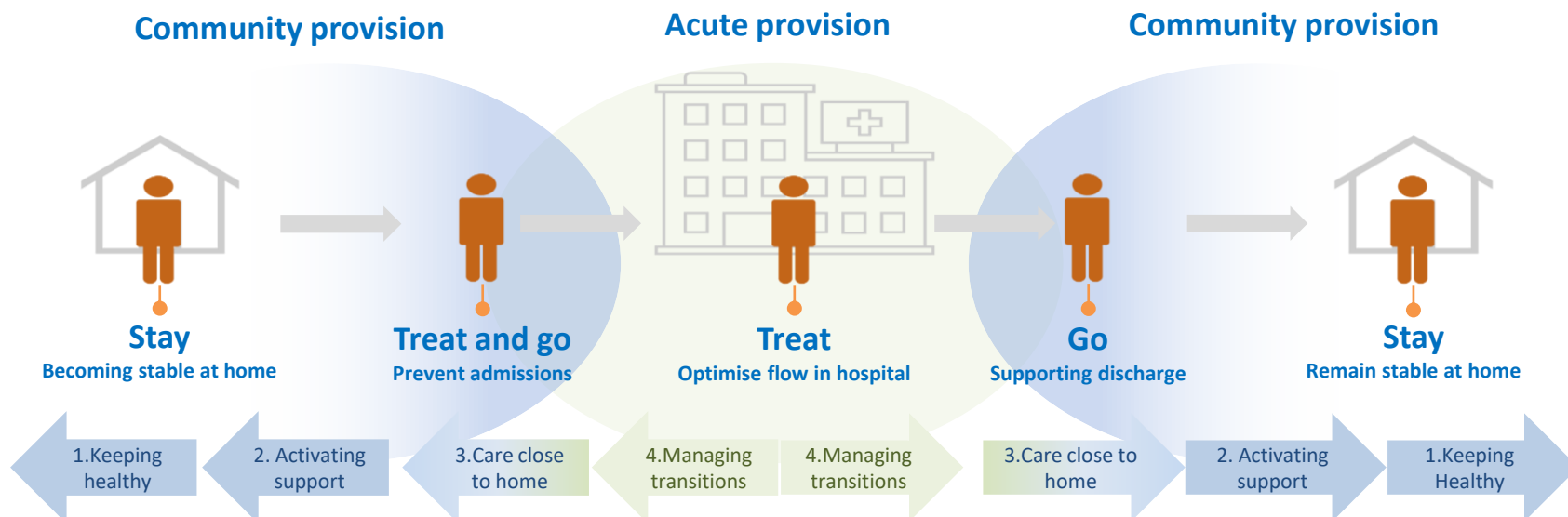
Community Based Care (CBC)

The STP Community based care programme is one of the Clinical Leadership Groups established to support the transformation of care across South East London.

Community based care delivered by Local Care Networks (LCN) is the foundation of our whole system model. There is no standard south east Londoner for us to model our service on. As such, we have built our LCNs around geographically coherent and self-identifying communities, supported by scaled up general practice using natural boundaries within boroughs.

The programme sets out how quality primary and community care will be consistently provided by Local Care Networks (LCNs) supporting local populations. LCNs will involve primary, community and social care colleagues working together and drawing on others from across the local health system to provide proactive patient centred care. Services respond to the varied needs and characteristics of our local communities and support the development of services that our patients and communities said mattered most to them:

1. **“Keeping healthy and preventing illness and managing my condition”** – Promote prevention, self-care, and self-management close to home.
2. **“Activating support from my family, carers and community”** – Build strong and confident communities and involved, informed patients and carers.
3. **“Receiving great quality whole person care close to home”** – Bring primary care and community services together providing a wider range of care close to home.
4. **“Easy transitions in and out of hospital”** – Supporting discharge and reducing unnecessary length of stay.



Children & Young People

The CYP programme aims to bring commissioners, providers and parents and children together to define, design and deliver a transformation programme of work across all services for children and young people. The programme responds to a number of policy initiatives including the Five Year Forward View, Future in Mind, SEND reforms, Children's Continuing Care and also emerging policy and best practice.

It aims to deliver improvements in access, outcomes and experience of a range of CYP services.

CYP Mental Health Programme aims to deliver:

- Intensive Treatment Programme (ITP) refresh for young people.
- Prevention and early diagnosis of mental health problems in children and young people.
- Improving and increasing access to specialist treatment when needed.

Special Educational Needs and Disability (SEND) and Complex Needs:

Detailed work has taken place to improve the care that children receive to make it more coordinated and consistent. Examples include:

- Neuro Developmental Treatment pathway, Autism, ADHD

Long Term Conditions and Urgent & Emergency Care

- Improving the health of children with Asthma to reduce the impact on their day to day lives.
- Improving the experience of children accessing Urgent Care services.

Maternity

The Local Maternity System is a non-statutory partnership of providers, commissioners and service users (through each local borough's Maternity Voice Partnership's (MVP's)) working across the STP.

The maternity programme's strategy, direction of travel and focus areas arise from the recommendations of the Better Births National Maternity Review.

Our Better Births Plan was developed earlier this year and covers the following areas:

- Personalised care
- Multi-professional working
- Continuity of carer
- Improving safety
- Better postnatal and perinatal mental health care.

The main deliverables of this plan are to improve choice and personalisation of maternity services so that:

- All women have a personalised care plan.
- All women are able to make choices regarding their maternity care.
- Continuity of carer for most women.
- More women able to give birth in midwifery led settings.

The plan also aims to improve the safety of maternity care through:

- Reducing the rates of stillbirth, neonatal death, maternal death and brain injury during birth by 20% by 2020 and 50% by 2030.
- Ensuring that services are learning from incidents and that this learning is shared.

Mental Health

The STP Mental Health workstream is one of the clinical programmes of work to support the transformation of care across south east London. The programme's delivery priorities and objectives are in line with the 5 Year Forward View in order to meet the rising demand for mental health services.

The programme also provides a governance framework for collective monitoring and reporting of performance against the standards.

The 5 areas of focus for 18/19 are as follows:

- Developing the Mental Health workforce to deliver 5 Year Forward View targets.
- Supporting CCGs and Providers in reducing inappropriate Out of Area Placement (OAPS) and strengthening crisis pathways.
- Working with employment support providers to submit bids for funding to increase the number of Individual Placement Support (IPS) services within south east London.
- Children's and Young People's Mental Health (CYP MH) – Increasing service capacity and capability to enable more young people to have access to services.
- Support commissioners and providers to deliver the Increased Access to Psychological Therapies (IAPT) and Long term condition model to achieve IAPT 5 Year Forward View standards.

Urgent & Emergency Care Programme

There is a growing demand for urgent and emergency care services, but we know that some of the people who access these services could be seen in other settings, such as by a GP. We also know that sometimes it can be hard to understand which of these services should be used, which often means that patients spend a long time waiting in an A&E department when they could have been cared for elsewhere more quickly.

In the south east London urgent and emergency care programme we are working towards:

- Joining up the south east London services.
- Directing patients to the right settings and professionals for their care needs. An example of this work is through transforming NHS 111 into an Integrated Urgent Care service.
- Looking at how we can enhance care in other settings. For example changing our urgent care centres into urgent treatment centres.
- Supporting the winter planning process. This involves bringing the health and care system together to prepare for the winter season and to review performance and learning once the season has finished in order to build on opportunities for improvement.

Pathology Programme

Provider Trusts and Clinical Commissioning Groups in South East London have been working together to develop a network for delivering pathology services. All providers will have to be part of a pathology network in the future.

The Pathology programme board was formed in September 2017 and is informed by a number of working groups including clinical input from pathology clinical leads and pathology service users and a workforce group that will engage with directly employed pathology staff.

To create the network model, the programme has launched a procurement process and issued a tender notice (in August 2018) to look for a pathology provider or providers who are able to provide services that meet our clinical needs, make the best use of the latest technology and are both safe, efficient and fit for the future. Most of our local providers are part of the procurement process already. Lewisham & Greenwich Trust will make a decision about joining later this month.

SEL Elective Orthopaedic Clinical Network

- Osteoarthritis is a condition that affects a person's joints – hips, knees, ankles, shoulders and elbows causing pain and stiffness reducing a person's quality of life through reduced mobility, ability to care for oneself e.g. washing and dressing and inability to carry out usual home, work, social or community activities. Pain and discomfort experienced through this condition can increase a person's anxiety and depression.
- It most commonly occurs in weight-bearing joints (a person's hip or knee) during middle to late adulthood (50-84) years. In South East London Arthritis Research UK estimates that 1 in 5 people aged 50-84 suffer mild knee osteoarthritis and 1 in 8 people aged 50-84 suffer mild hip osteoarthritis.
- For the most severe osteoarthritis surgery is required to replace a damaged and painful joint with a prosthetic. In 2017/18 1,444 SE London patients received replacement knees and 1,184 patients received replacement hips.
- SE London Providers (Guy's & St Thomas' NHS Foundation Trust, King's College London NHS Foundation Trust and Lewisham & Greenwich NHS Trust) have formed a clinical network to deliver improvements in the quality of patient care and outcomes for this care pathway, as well as working to deliver these services as efficiently and sustainably as possible. This network comprises patients, surgeons, nurses, managers and all staff involved in the care pathway. We aim to recruit 2 more patient and 1 carer representative into the network.
- The network has co-produced an optimal care pathway for delivery of planned hip and knee replacement surgery and is now working to develop service improvements which bring the current services in line with the optimal pathway.

Digital Enabler Programme

The STP digital programme is one of the enabling streams of work to support the transformation of care across South East London.

The aims include:

- Improving information sharing for health and care professionals to support effective and timely decisions for individuals in their care.
- Ensuring that information is shared safely, securely and appropriately.
- Developing IT infrastructure to support more flexible working for health and care teams.
- Supporting use of technology to improve access to health and care services, advice and guidance and individual care records.
- Encouraging innovation, appropriate use of technology, and adoption of national initiatives to improve services and/or reduce costs.

The programme is overseen by a Digital Board which has citizen, clinicians and technology representation from each health and social care sector. This is supported by a small team based at the STP, including part time secondments of a Clinical Chief Information Officer and a Chief Information Officer.

The STP has used national awards of Estates and Technology Transformation Funding (ETTF) to support the work programme to date. An allocation of NHS national digital monies (of circa £13 million over the next three years) is currently being confirmed.

Recent developments include the delivery of a real-time shared care record (Virtual Care Record); an information sharing framework; scanning of GP held records, piloting of patient apps and development of a digital strategy and supporting workplan for the STP.

Estates Enabler Programme

Overview of STP:

- focused on delivering transformational change through new care models targeted at both meeting the growing health and care demands of the population more effectively whilst achieving long-term financial sustainability across the SEL health and care landscape.
- Future will provide place based care through care networks/hubs
- 8 acute sites ranging from poor quality to newer PFI buildings.

Overview of emerging STP healthcare models:

- Delivery of transformational change through the development / implementation new models of care
- Delivery of high quality, accessible, integrated care closer to home
- Delivery of solutions to reduce improve quality and reduce variation
- A focus on prevention & long-term improvements in health and wellbeing
- Delivery of solutions to achieve long term financial sustainability across the SEL health economy

Priority Programmes & Projects:

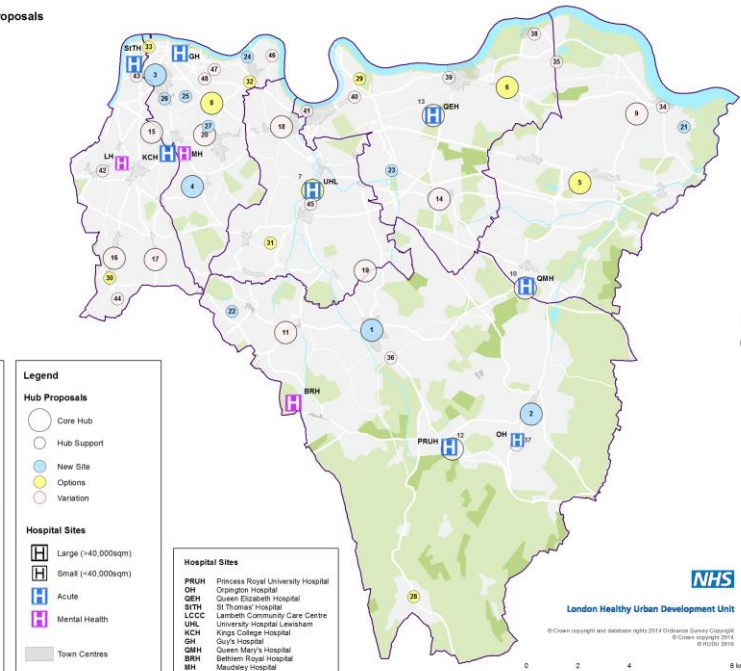
- Utilisation Programme to increase average utilisation to 85%
- Delivery of disposal pipeline
- Delivery of local hub property across the area from both existing estate and new development
- Reduce non clinical use on acute/clinical sites
- Implement agile/smart working across all organisations
- Working with Councils to maximise social regeneration benefits

South East London Emerging Hub Proposals
HUDU | May 2016

Source: SEL Local Estates Strategies

| Core Hub Proposals | |
|-----------------------------------------|--|
| New Site | |
| 1 Bromley Town Centre Hub | |
| 2 Orpington Health & Wellbeing Centre | |
| 3 New Elephant & Castle Facility | |
| 4 New Dulwich Primary Care Centre | |
| Options | |
| 5 Clocktower LCN Hub | |
| 6 Plumstead/Abbey Wood Area | |
| 7 Central Lewisham Hub | |
| 8 Old Kent Road Hub | |
| Variation | |
| 9 Erith Hospital | |
| 10 Queen Mary's Hospital | |
| 11 Beckenham Beacon | |
| 12 Princess Royal University Hospital | |
| 13 Queen Elizabeth Hospital Core Hub | |
| 14 Eltham Community Hospital | |
| 15 Alseman Health Centre | |
| 16 Gracefield Gardens | |
| 17 West Norwood Health & Leisure Centre | |
| 18 Waddon Health Centre | |
| 19 Dornham Health & Leisure Centre | |
| 20 Lister Primary Care Centre | |

| Hub Support Proposals | |
|---------------------------------------------------------|--|
| New Site | |
| 21 Slade Green | |
| 22 Penge Health and Wellbeing Centre | |
| 23 Kidbrooke Village Health Centre | |
| 24 Replacement for Abbot Street Health Centre | |
| 25 Replacement Aylesbury Health Centre | |
| 26 Potential relocation of Penrose Surgery | |
| 27 Replacement for Commercial Way Surgery | |
| Options | |
| 28 Biddan Hill Combined Centre | |
| 29 Greenwich Peninsula | |
| 30 Streatham Service Review | |
| 31 Sydenham (South West MCH) | |
| 32 Replacement for Silverfox Clinic/Park Medical Centre | |
| 33 Provision in Blackthorn Road Area | |
| Variation | |
| 34 Erith Health Centre | |
| 35 Lakeside Health Centre | |
| 36 The Phoenix Centre | |
| 37 Orpington Hospital | |
| 38 Galford Health Centre | |
| 39 Ferryview Health Centre | |
| 40 Greenwich Square Health Centre | |
| 41 Wallace Health Centre | |
| 42 Clapham Family Practice | |
| 43 Lambeth Walk Group Practice (Kennington) | |
| 44 Balfour Gardens | |
| 45 Kalside House Centre | |
| 46 Surrey Docks Health Centre | |
| 47 SPA Medical Centre | |
| 48 Artesian Health Centre | |



Key policy workstreams:

- Five year Forward View
- GP Forward View
- Carter report
- Naylor review
- London Devolution
- London Housing Strategy
- One Public Estate

Workforce Enabler Programme

This programme focuses on:

- Recruiting and retaining a skilled workforce.
- Skills development with local colleges and universities.
- Workforce productivity, such as working remotely without the need to return to base.
- Resilient workforce with training programmes supported by Health Education England.
- Adaptable workforce able to respond to changing technology and patient needs, for example online consultations.
- Representative of the communities that it serves, by encouraging diversity in the workforce and employment of local people.
- Healthy Workforce, for example by offering well-being courses at work.

Our Healthier South East London Partnership Update Autumn 2018 Edition

Our updates provide an overview of the work of Our Healthier South East London, the Sustainability and Transformation Partnership for south east London, over the past couple of months. They are designed for sharing with boards, governing bodies and other key partners and stakeholders.

At a glance...

- Vicky Scott will be joining us as Chief Operating Officer on Monday 24 September. Vicky is currently working for North East London STP in a similar role and also has experience working with the new models of care team, NHS Information and in local government.
- We are working with trusts and CCGs to develop a network for delivering pathology services. The trusts and CCGs have published a tender notice for the provision of pathology services for south east London on the Official Journal of the European Union website. The new model will improve the quality and responsiveness of tests, and provide better value for money by making the most of economies of scale. The final contract is due to be awarded in September 2019 and the network will be put in place from 1 September 2020.
- As testament to the collaborative work we have done with our pharmacy and medicines programme, we have been chosen to represent the London region for an [NHS England/NHS Improvement joint programme](#). The aim is to integrate pharmacy and medicines optimisation into STPs and Integrated Care Systems (ICSs). Seven NHS regional pilots will act as case studies; highlighting barriers, enablers and sharing best practice in terms of medicines and pharmacy leadership.

Meetings

We have revised the way we organise some of our meetings to improve how we manage the programme. From September 2018 the Strategic Planning Group will become the OHSEL Board. This will be our key decision making group for the programme and include representatives from across our partner organisations. There will be a discussion about the new approach at the first OHSEL Board meeting on 10 September 2018. Further information about this can be found under the meetings section of the website.

Details of the Strategic Planning Group meeting held on 3 July are available on our [website](#).



Update from programme groups

Urgent and Emergency Care

We are putting plans in place for the winter season, which is consistently a challenging time for urgent and emergency care services. We are building on lessons learnt from last year, based on a workshop held in the summer which brought together commissioners, patient representatives, providers and local authorities. A mock exercise in September will test out the new winter plans, which include starting flu vaccinations earlier and looking at ways to encourage people to take preventative measures to help them stay well.

The contract for a new integrated urgent care service for south east London has been awarded to the London Ambulance Service. The service will start at the end of October 2018 and will incorporate the existing NHS 111 service, as well as help from GPs, nurses, paramedics and pharmacists, 24 hours a day. Where necessary, the new service will also be able to book patient appointments, both in GP access hubs and out of hours services.

Cancer

A pilot project to increase take up of bowel cancer screening among people with learning disabilities has started in Lewisham. Aimed at people who are less likely to access the service than the general population, the project is targeting people aged 53 to 74, offering them support before their first invitation for screening. The pilot scheme will be extended to the remaining five boroughs.

The Rapid Access Diagnostic Clinic, based at Guy's Hospital, which now offers services across south east London, has begun to work more closely with mental health services. The service assesses patients' psychological wellbeing and offers talking therapies when required. The clinic is planning to extend its service by opening fortnightly clinics in Queen Mary's Hospital, Sidcup in September 2018.

Community Based Care

Working with health and care leaders, we have secured £2 million to support larger scale GP collaboration. We will focus on developing infrastructure, improving delivery of neighbourhood teams and supporting partnerships.

We have held the first in a series of workshops that brings together senior clinical and non-clinical leaders of our large-scale general practices to share best practice and explore opportunities for wider collaboration. This could range from saving money by bulk purchasing office and medical equipment to developing new roles that meet the changing health and care needs of patients.



Digital

We have appointed the supplier Exponential-e to install a new data network, the Health and Social Care Network, at providers', primary care and CCGs' offices to improve our ability to access and share information. The switch over is likely to take place next spring.

Estates

Working with provider and commissioner colleagues, we have submitted a revised estates strategy and seven bids for Wave 4 capital funding. The proposed projects are to build or refurbish medical buildings, set up a storage and distribution centre for pharmaceutical supplies, and initiatives to make the best use of existing space. The bids are being considered by NHS England with the outcome expected in November.

Mental Health

More women across the south east will be able to get perinatal mental health support following a successful bid by Oxleas NHS Foundation Trust. Specialist community teams already operating in Bromley will expand to Bexley and Greenwich to support women during pregnancy and the year after birth. They will work closely with GPs, maternity, children and family services to offer the right care and mental health support at an early stage. The scheme builds on services offered by South London and Maudsley NHS Foundation Trust in Lambeth, Lewisham and Southwark. Perinatal mental illness affects up to 20% of women.

Planned Care: Orthopaedics

Findings from a focus group in Orpington Hospital, as well as other feedback and data, are informing the orthopaedic clinical network, which is working to ensure consistent, high quality standards in planned surgery across the area. The network has now agreed an ideal pathway for delivering hip and knee replacements. It aims to adopt this across all our hospitals to ensure patients have access to excellent service where ever they are treated.

There are still places for people who have had hip or knee replacements and are interested in shaping services in the future. If you know of any interested patients, please contact us at ourhealthiersel@nhs.net

Workforce

We will be advancing training and development for a number of different roles after securing a £500,000 bid to Health Education England. The fund will enable further development for physicians associates, non-clinical staff, particularly practice managers, and nurses in emergency care and general practice. There will also be



an initiative to improve mental health awareness in primary care staff so that they can recognise and manage signs of distress in staff and patients.



APPENDIX 2

User Stories

OHSEL represents a range of complex projects at different stages in their development. Our plans are the result of an extensive process of engagement and discussion with clinicians, commissioners, patient representatives and others.

Our initiatives are based on examples of best practice from within south east London and beyond. We aim to improve the health of people in south east London, reduce health inequalities and deliver a healthcare system which is clinically and financially sustainable.

Please click through the links below for case studies from some of our programmes:

Cancer: <http://www.ourhealthiersel.nhs.uk/projects/cancer/>

Children and Young People: <http://www.ourhealthiersel.nhs.uk/projects/children/>

Community Based Care: <http://www.ourhealthiersel.nhs.uk/projects/community-based-care/>

Maternity: <http://www.ourhealthiersel.nhs.uk/projects/maternity/>

Mental Health: <http://www.ourhealthiersel.nhs.uk/projects/mental-health.htm>

Planned Care: <http://www.ourhealthiersel.nhs.uk/projects/planned-care/>

Urgent and Emergency Care: <http://www.ourhealthiersel.nhs.uk/projects/urgent-emergency/>

Jargon Buster

A glossary of terms for Our Healthier South East London

All industries, sciences and services develop their own “jargon”, or internal language that helps communication between those working in them. The NHS is no exception.

We try to make sure that our public documents are as easy to read as possible. We try to use as little jargon as possible and to follow Plain English guidelines. We also ask a group of patients – the Reading Group – to check our publications.

We know that despite this we still use words, phrases and abbreviations which are not immediately clear to everyone reading it. This is especially true in documents that are written primarily for other NHS staff or organisations.

What follows is a current list of jargon, abbreviations and acronyms that are used within the Our Healthier South East London programme, with an explanation of what they mean. In some cases the same word or acronym has two or more uses, which are also explained below. It is arranged alphabetically.

We hope that this list is useful. If there are any other words or phrases which are unclear on our website or in any of our published documents, please let us know. Contact: ourhealthiersel@nhs.net

| Term | Abbreviation | Explanation |
|-----------------------------------------------------|----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 111 | | A 24-hours-a-day 7-days-a-week contact number (free of charge from landlines and mobiles) which can provide medical advice and help in a non-999 emergency situation. |
| 999 | | The 24/7 number to call for emergencies. Callers will be asked what service is required (Fire, ambulance or police) and will be sent appropriate help. |
| Accident and Emergency | A&E | A hospital service which provides care for emergency, life threatening and critical conditions for patients of all ages, twenty-four hours a day, seven days a week. This is also known as ED – Emergency Department. |
| Accountable Officer/ Chief Executive Officer | AO/CEX | Executive leaders of local organisations. CCG leads are called Accountable Officers, Trust and Council leaders are usually Chief Executives or Chief Executive Officers. |
| Acute Care | | Short-term treatment for illness or injury usually provided in hospital. Also applies to acute episodes in long term conditions. (LTCs – see below.) |
| Acute Trust | | An NHS Hospital Trust or Foundation Trust providing and / |

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| | | or managing hospitals. Some acute trusts also provide community services, such as Guy's and St Thomas' NHS Foundation Trust. |
| Admission (to a hospital): | | Needing to stay in hospital for (at least) overnight, either for an emergency or following a planned procedure. |
| Advocacy/Advocate | | Where a person acts as a champion for a patient or carer. An advocate could be one of a range of people including pharmacists, doctors, voluntary workers or the carer themselves. |
| Allied Health Professions | AHP | Clinical health care professions other than dentistry, nursing and medicine. E.g physiotherapists, audiologists. |
| Ambulatory care | | Health services provided on an outpatient basis. |
| Any Qualified Provider | AQP | A person or organisation qualified under the NHS AQP contractual regulations to provide services in the community e.g. for, hearing tests, diabetic eye screening, anti-coagulation and autism. Several AQPs may be required to deliver services at scale to a community. |
| 'At scale' provision | | Services which are or can be provided for a greater population or geographical area We often use this term to mean services to populations of 50,000 or more being provided at a much larger scale than found in single GP practices. |
| Average length of stay (Also sometimes LOS, Length of Stay) | ALOS | The average of the length of time a patient stays in a hospital when admitted. Usually expressed in days. |
| Business As Usual | BAU | Day-to-day, standards business for organisations (as opposed to special projects or programmes). |
| Benchmarking | | The process of identifying best similar performers – for instance comparing waiting times between similar sized hospitals. In particular, it examines how results are achieved in order to bring a hospital's performance in line with the best. |
| Better Care Fund | BCF | The Better Care Fund . (BCF) Announced in June 2013 created a local single pooled budget to incentivise the NHS and local government to work more closely together around people, placing their wellbeing as the focus of health and care services, and shifting resources into social care and community services for the benefit of the people, communities and health and care systems. |
| Birth centres | | Small maternity units staffed and in most cases run by |

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| | | midwives. They offer a homely rather than a clinical environment, supporting women who want a birth with no or few medical interventions. |
| Black & Minority Ethnic Group | BAME BME | People from black, Asian and other ethnic minorities identified as vulnerable groups in health terms and must be considered in all equalities assessments. Local health improvement programmes may include strategies to deal with the health needs of minority ethnic groups. |
| Blue light case | | Patient transported to hospital A&E by emergency ambulance in response to a 999 call or GP request. |
| Briggs report / Getting it right first time | GIRFT | Published by Professor Tim Briggs in 2015, Getting It Right First Time looked at elective orthopaedic surgery provision in England. |
| Capped Expenditure Process | CAP | Aims to contain or 'cap' spending in specific areas of the country, and differs to existing financial controls in its focus on health care systems (including both commissioners and providers of health care), rather than individual organisations |
| Care home | | A residential home that provides accommodation with nursing and personal care. |
| Care navigator | | Staff who are responsible for providing support to help people find the right service for their needs. They may work in GP surgeries or be part of the voluntary sector. Care navigators can also be called health champions, care co-ordinators or patient liaison officers. People doing these jobs can help identify services that might be helpful or act in a co-ordinating role, contacting other organisations, and arranging for practical help where necessary. |
| Care pathway | | The care and treatment a patient receives from start to finish for a particular illness or condition. This usually includes several parts of the health service and social care. |
| Care Quality Commission | CQC | A Government-funded organisation which inspects hospitals, GP surgeries, care homes and care services in England to make sure they are meeting government standards and to share their findings with the public. |
| Carer | | A person who looks after or supports someone else with illness or disability. They can be unpaid such as family members (including children and young people) who live with the person they care for; or family, friends or neighbours who live elsewhere. Carer is also used to describe paid staff working in care homes and/or |

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| | | supporting people at home, particularly staff who do not have professional qualifications. SEL includes such carers in Equality Assessments as one of two groups it has added to the list of nine under the Equality Act of 2010. |
| Carter review | | A review of productivity in hospitals undertaken by Lord Carter of Coles. This sets out how non-specialist acute trusts can reduce unwarranted variation in costs productivity and efficiency across every area in the hospital to save the NHS £5 billion each year by 2020 to 2021. |
| Case for Change | | Sets out the reasons why current health and services need to change. In south east London these set out why we are changing the way we work - to improve health, reduce health inequalities and deliver health and integrated care services which are of consistently high quality within the money available. |
| Child and Adolescent Mental Health Services | CAMHS | NHS services for children and young adults needing or using mental health services. |
| Children and young people | CYP | Often used in respect of services for children and young people, for instance the CYP clinical care group |
| Children's services | | Healthcare services aimed at the care of children and adolescents and their transition to adult services. |
| Chronic disease | | A disease, condition or health problem which persists over a long period of time. The illness may recur frequently and in some cases may lead to partial or permanent disabilities. Examples include: arthritis, diabetes and high blood pressure and mental health conditions. |
| Clinical | | Relating to the medical treatment of patients in hospitals and clinics, or to the course of a disease or condition. |
| Clinical audit | | The evaluation and measurement by health professionals of the clinical standards and outcomes they are achieving. |
| Clinical Commissioners | | Staff working in CCGs who organise and buy (commission) local health services. |
| Clinical Commissioning Groups | CCGs | Statutory organisations which plan and fund (commission) most local health services. These replaced primary care trusts (PCTs) in April 2013. CCGs are led by GPs and other clinicians. All GP practices in a CCG area are members. They will normally have a board of governors with clinical leads, executive officers, local authority, HealthWatch and lay members. Each CCG in |

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| | | south east London covers one borough. CCGs do not commission or fund GP contracts (See NHS England). |
| Clinical Commissioning Board | CCB | This was the decision making body for the commissioning strategy, which brought together commissioners from CCGs, NHS England and Local Authorities. It also included patient, public and Healthwatch representation. It has been superseded in the STP by the Strategic Planning Group. |
| Clinical evidence | | Medical and research evidence that informs treatment decisions and improving patient care. (Evidence based care) |
| Clinical Executive Group | CEG | An OHSEL group that brings together clinical leaders (medical and nursing directors from NHS providers, clinical chairs from CCGs) and patient, public and Healthwatch representation. It guides design work to ensure that the STP is clinically-driven. |
| Community Education Provider Networks | CEPN | Local CCG-led group of providers, including social services, co-ordinating and prioritising a network-based approach to designing and delivering health education and training. |
| Clinical Leadership Groups | CLGs | Clinically-led working groups consisting of senior experts drawn from across commissioners, providers of NHS services, social care and public health, as well as patient, public and Healthwatch representation. |
| Clinical networks | | Networks, either formally recognised or informal, used to deliver the strategic interventions. |
| Clinical Nurse Specialist | CNS | A nurse who specialises and has a high level of qualifications and experience in a specific area. (In medical texts CNS can mean Central Nervous System. However in our documents we are unlikely ever to use the abbreviation in this context.) |
| <u>Collaboration for Leadership in Applied Health Research and Care</u> | CLAHRC | The CLAHRC south London is investigating the best way to make tried and tested treatments and services routinely available. University-based researchers, health professionals, patients and service users are working together to make this happen. The collaborating organisations are Guy's and St Thomas' NHS Foundation Trust, Health Innovation Network, King's College Hospital NHS Foundation Trust, King's College London, King's Health Partners, St George's University Hospitals NHS Foundation Trust, St George's, University of London and South London |

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| | | and Maudsley NHS Foundation Trust. |
| Collective action | | Work that we can do between two or more of our six boroughs. This is either because we can do it more efficiently and effectively together, or because the changes being looked at will affect more than one borough. |
| Commissioning | | The planning, buying (procurement) and contract management of health and health care services. This can be for a local community, a specific population or a specific condition. |
| Commissioning for Quality & Innovation | CQUIN | A contractual mechanism that allows commissioners to pay providers for completing activities that directly relate to improving the quality of care received by patients. Guidance available on NHS England's website. |
| Commissioning Support Unit | CSU | An organisation providing back-office support (such as IT, HR, contract management and communications) to CCGs. |
| Committee in Common | CIC or CiC | The Committee in Common is a collective meeting of the six CCGs in SEL which, subject to certain conditions, has delegated powers to decide on proposals and initiatives to improve services for patients across south east London. NHS England also attends but does not have voting rights. The CiC has an independent Chair. Its purpose is to agree commissioning decisions that affect every borough where decisions need to be taken across SEL. CIC meetings are not public meetings but may be held in public. |
| Community Adult Health Services | CAHS | Community adult health services offer a broad range of care and treatment to local residents. They offer support to some of the most vulnerable groups of patients, those with long-term conditions and on-going disabilities. Community services include health visiting, district nursing and a wide range of therapy services. |
| Community Based Care | CBC | In south east London, we use this to refer to out of hospital and primary care – GPs, community clinics, health visitors, therapists, community pharmacists, and more. This is one of the specific areas of work being undertaken and a strategy to improve and develop community based care is one of the key elements of our work. |
| Community nurses | | School nurses, health visitors, district nurses, and other staff nurses working in the community. |
| Community services | | NHS, Voluntary sector services and some Local Authority |

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| | | services providing care outside a hospital. Many community staff are attached to GP practices and to health centres. |
| Co-morbidities | | When two or more disorders or illnesses occur in the same person at the same time they are known as 'co-morbidities'. Co-morbidity also implies the interaction between illnesses that can affect the course and outcome of both. |
| Contacts / NHS contacts / every contact counts | | A contact occurs every time a patient or a member of the public sees, talks to, or otherwise makes contact with a health professional. 'Every contact counts' refers to making these meetings and conversations as meaningful as possible in helping patients keep healthy and/or manage their health. There is a specific, structured programme to improve the effectiveness of our contacts in addressing a range of health issues (used in Yorkshire and Humber) which we are considering as part of developing the strategy. |
| Continuing Care | | CCG or local authority funded packages of care given to those meeting set criteria. |
| Continuing Professional Development | CPD | The means by which people maintain and increase their knowledge and skills related to their professional lives. It includes attendance at courses, personal and group study. All NHS staff should undertake CPD. |
| <u>Coordinate My Care</u> | CMC | An end-of-life care register to improve the coordination of care. This is to ensure patient-centered care so that patients' wishes are met during the final stages of their lives. |
| Co-production | | Co-production is an approach to ensuring that effective and long-term partnerships are at the heart of services. It aims to bring together, in an equal relationship, professionals, users, communities and any other relevant individuals to jointly design and deliver services. |
| Cost Improvement Plan | CIP | The term for local plans from NHS organisations to meet the nationally set cost savings targets. |
| Day case or day surgery | | Patients who have a planned investigation, treatment or operation and are admitted and normally discharged on the same day. |
| Deficit | | The net financial position of an organisation where expenditure (outgoings) is greater than income. (opposite: |

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| | | surplus) |
| Deliberative Event | | Event where the public, patients, service users and staff become actively involved in the shaping of NHS policy by discussing evidence, challenges and potential solutions in detail. |
| Demographic growth | | An increase in the size of a population due to the effect of there being more births than deaths and immigration into the community. |
| <u>Department of Health and Social Care</u> | DH / DOHSC | A department of the UK government with responsibility for government policy for health and social care matters and the the National Health Service (NHS) in England. |
| Director(s) of Commissioning | DoCs | CCG Directors of Commissioning (buying or organising local services – see above) or Commissioning Strategy |
| Director(s) of Strategy | DoS | The person responsible for local organisation strategy, either in a CCG or hospital Trust |
| Elective admission | | A planned admission – not emergency. |
| Elective care / treatment | | Pre-arranged, non-emergency care, including scheduled operations. It is provided by medical and surgical specialists in a hospital or other secondary care setting. |
| Elective Care Centres | | A hospital or a distinct part of a hospital which provides elective (planned) care, separated from urgent and emergency care |
| Elective Orthopaedic Centre | EOC | A hospital or a distinct part of a hospital which provides elective (planned) care, separated from urgent and emergency care, for orthopaedic operations – for instance, hip and knee replacement surgery. |
| Elective surgery | | Planned, non-emergency surgery. This is usually carried out in a hospital either as a day case or an inpatient. Minor surgery may be carried out in a range of approved settings. |
| Electronic Staff Record | ESR | This is an IT system used by NHS human resources (HR) and payroll departments. (ESR is also the name of a blood test) |
| Emergency admission / emergency care | | Emergency care provides care for illness or injury that is potentially life-threatening or life-altering. These patients will often be admitted to hospitals as emergency or urgent admissions. This can also be known as unplanned care. |
| Emergency Department | ED | See A&E |
| Enablers | | Previously known as ‘supporting strategies’ – see this entry. |

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| End of Life Care | EOLC or EoLC | Care of the dying. This should be dignified and planned to include the patient's wishes as to where they are cared for. This is a key area of improvement within our CBC strategy. |
| Equality Act 2010 | | The Equality Act 2010 provides people with legal protection from discrimination in the workplace and in wider society. It replaced previous anti-discrimination laws with a single Act, making the law easier to understand and strengthening protection in some situations. It sets out the different ways in which it is unlawful to treat someone. |
| Equality Impact Analysis | EqIA or EIA | <p>When formulating policies or making changes to services or workforce practices, public bodies will normally analyse the impact on people with protected characteristics through use of an EqIA. This type of analysis typically centres on the three limbs of the general duty of the Equality Act, and asks how what is being proposed will help or hinder organisations to: eliminate discrimination, harassment and victimisation; to advance equality of opportunity; and to foster good relations.</p> <p>We have carried out a number of EIAs in south east London to ensure we understand the potential impacts of our strategy.</p> |
| European Working Time Directive | EWTD | An EU initiative designed to prevent employers requiring their workforce to work excessively long hours. |
| Expert patient programme | EPP | Programme designed to teach good self-care and self-management skills to people with long-term conditions. |
| Every contact counts | | See Contacts / NHS contacts |
| Finance and Technical Group | FTG | This group includes CCG Directors of Finance (DOF) and Trust Finance Directors (FDs) to drive financial affordability and transformation. |
| Financial surplus | | The net financial position of an organisation where income is greater than expenditure (outgoings) – so there is a surplus of money at year end. |
| Five Year Forward View | FYFV | The NHS Five Year Forward View was published on 23 October 2014 and sets out a new approach for the future of the NHS based around the new models of care. |
| Foundation Trusts | FTs | A NHS hospital that is run as an independent, public benefit corporation, controlled and run locally. Foundation Trusts have increased freedoms, including around funding of and investment in services. |
| Front door / front door | | Front door streaming in A&E is carried out by a trained |

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| streaming | | nurse or clinician before registration, with an assessment of the patient to decide whether they should be seen in the Emergency Department, or at an Urgent Care Centre. This is one of the areas that the urgent and emergency care workstream is looking at. |
| Front-end | | The initial stages of a process. |
| General Medical Services | GMS | The GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities. |
| General Practitioner | GP | General Practitioner, your local doctor. Usually practicing in groups. |
| Getting it right first time | GIRFT | See <i>Briggs report</i> (above) |
| GP-led Health Centre | | A health centre which offers appointments and walk-in services, led by GPs, for any member of the public. See also General Practitioners (GPs). |
| Governing Body | GBs | Sets the direction of the CCG by developing plans and priorities for improving NHS services to ensure people in their borough get the best healthcare services possible; and ensures strong and effective leadership, management and accountability. Governing Body members are primarily GPs, together with CCG executive staff and lay members. |
| Health and Wellbeing Strategies | | Jointly-agreed and locally-determined set of priorities for local partners (including CCGs and local authorities) to use as basis of commissioning plans. |
| Health and Wellbeing Board | HWBB | A forum for local commissioners across the NHS, public health and social care, elected representatives, and representatives of Healthwatch to discuss how to work together to improve the health and wellbeing outcomes of the people in their areas. HWBBs take a lead role in the Joint Strategic Needs Assessment; promote and support joined up commissioning across NHS social care and public health; support pooled budget arrangements with other agencies such as CCGs; and undertake a scrutiny role with respect to major service redesign. |
| <u>Health Education England – South London region</u> | HESL | <u>Health Education England (HEE)</u> is responsible for the education, training and personal development of the workforce in the NHS, and recruiting for values; HESL is the organisation with responsibility for south London within |

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| | | the overall umbrella of HEE. |
| Health Innovation Network | HIN | The Health Innovation Network is the Academic Health Science Network (AHSN) for South London, one of 15 AHSNs across England. The HIN connects academics, NHS commissioners and providers, local authorities, patients and patient groups, and industry in order to accelerate the spread and adoption of innovations and best practice, using evidence-based research across large populations. |
| Health inequalities | | Describes the gap in health status and in access to health services between different groups, social classes and ethnic groups and between populations in different geographical areas. For example – life expectancy. |
| Health Needs Assessment | HNA | The process of exploring the relationship between health problems in a community and the resources available to address those problems in order to achieve a desired outcome. |
| Health Promotion | | Programmes designed to inform the public about health risks and ways to prevent or reduce health problems; the programmes often target specific populations. |
| Health Visiting Service | | Including community nurses and health visitors providing health promotion, prevention and support service to families with children under the age of 5 years. |
| Healthcare Assistants | HCA | Healthcare Assistants (also known as support workers, nursing assistants, or nursing auxiliaries) help healthcare professionals with the day-to-day care of patients, either in hospitals or in patients' own homes. |
| Healthwatch/ Healthwatch England | | <p>Healthwatch England is an independent organisation giving people a local voice about their health and social care services. It supports and co-ordinates the activity of all the local Healthwatch.</p> <p>Each borough or CCG area typically has its own largely autonomous Healthwatch. They have a seat on health and wellbeing boards, ensuring that the views and experiences of patients, carers and other service users are taken into account when preparing local needs assessments and strategies such as the Joint Strategic Needs Assessment (JSNA).</p> <p>Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark Boroughs each have a Healthwatch. The six south east London Healthwatches have representation on</p> |

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| | | all the CLGs and PPAG. |
| Healthy London Partnership | HLP | <p>The NHS in London came together successfully during 2015-16 by forming Healthy London Partnership to develop and agree a shared plan for our capital for the coming years.</p> <p>Healthy London Partnership was established in response to the NHS Five Year Forward View and the London Health Commission and to improve health services and deliver changes to health in the capital. The aim is to take London from seventh in the global healthy city rankings, to the number one spot.</p> |
| Holistic | | This approach takes into account the whole person, considering mental and physical health needs as well as social factors. It also recognises that people have capabilities as well as needs. |
| Home ward | | Professional care is delivered to patients in their own homes rather than on a ward in hospital. It is a cost effective system and can avoid hospital admissions which can cause stress to elderly and vulnerable patients. |
| Improving Access to Psychological Therapies | IAPT | A programme which supports the frontline NHS in implementing National Institute for Health and Clinical Excellence (NICE) guidelines for people suffering from depression and anxiety disorders. See also National Institute for Health and clinical Excellence (NICE). |
| Implementation Executive Group | IEG | This was the executive group supporting the Clinical Commissioning Board (CCB). It is now abolished. |
| Implementation | | Putting into practice the plans and strategies that have been developed. |
| Independent sector | | A range of non-public sector organisations involved in service provision, including private, voluntary and charitable organisations. |
| Indicator | | A statistic/piece of data that has been chosen to monitor health or service activity. For example, the number of women attending for breast cancer screening; or the number of deaths from coronary heart disease in a defined population. |
| Information Governance | IG | Information Governance is the NHS framework setting standards of practice to ensure information is processed legally, securely, efficiently and effectively. |
| Information Management | IM&T | The term used to cover digital systems in the NHS. Also |

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| and Technology | | known as IT or information technology. |
| Inpatient | | A patient who stays (at least) overnight in hospital, either following an emergency admission or a planned procedure. |
| Integrated Care Network | ICN | See Local Care Network |
| Integrated Care System | ICS | Integrated care systems (ICSs) have evolved from STPs and take the lead in planning and commissioning care for their populations and providing system leadership. They bring together NHS providers and commissioners and local authorities to work in partnership in improving health and care in their area. |
| Integration | | This means that the health and care system works in a joined up way. People should feel that the people who are in charge of their care have a joint understanding of what is going on. In practice this means better working between health and social care professionals and agencies providing care. |
| Intensive Care Unit | ICU | A hospital unit in which is concentrated special equipment and specially trained personnel for the care of seriously ill patients requiring immediate and continuous attention. Also referred to as a Critical Care Unit (CCU). |
| Intensive Therapy Unit | ITU | A specialised department in a hospital that provides intensive care medicine. |
| Interdependencies | | Where several things are interdependent, or mutually reliant, on each other. We use this for instance where two projects are heavily reliant on each other. |
| International Financial Reporting Standards | IFRS | Accountancy reporting standards that NHS bodies have been legally required to use from 1 April 2009. IFRS replaced UK Generally Accepted Accounting Standards (UK GAAP). |
| Interoperability | | Ensuring that different IT systems can work together – for instance, to ensure GP can access hospital and other records and test results and vice versa even if GPs and hospitals use different digital systems. |
| Intervention | | The term for when a medical, social care or other professional gets involved in a person's healthcare. Early intervention is when this happens before a person's health is severely affected. This term is also used as a general name for a medical or nursing procedure. |
| Joint Health Overview and Scrutiny Committee | JHOSC | A joint committee of the six boroughs in south east London (Bexley, Bromley, Greenwich, Lambeth, Lewisham and |

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| | | Southwark) with members from each Council, to review and respond to the work of the Our Healthier South East London programme. |
| Joint Strategic Needs Assessment | JSNA | A document which analyses the health needs of a population to inform the commissioning of health, well-being and social care services. This document is updated annually. |
| <u>Keogh / Keogh requirements</u> | | Clinical standards set out by NHS England's Sir Bruce Keogh for seven day services across the NHS. |
| Key Performance Indicators | KPIs | Financial and non-financial data used to measure the performance of an organisation. |
| <u>King's Fund</u> | | An independent charitable foundation working for better health, especially in London. |
| <u>King's Health Partners</u> | KHP | One of five Academic Health Science Centres in England, made up of Guy's and St Thomas', Kings College Hospital, South London and the Maudsley (SLaM) and King's College London. It works to transfer research into practice, teaching and clinical practice to the benefit of patients. |
| Learning Disabilities | LD | A reduced intellectual ability and difficulty with everyday tasks – for example household tasks, socialising or managing money – which affects someone their whole life. [Mencap definition] |
| Length of stay | LOS | The period of time a patient remains in a hospital or other health care facility as an inpatient. |
| Life expectancy | | The theoretical time an average person born today would live if he or she had the same rate of death at each age as people who are alive at the moment. |
| Local Authority | LA | The governing body of a borough, county, district etc. |
| Local/ Integrated/ Neighbourhood Care Network | LCN | <p>Networks of professionals working together as a team in the community, including doctors, nurses, social workers, housing support workers, home care workers, voluntary sector groups and therapists, around the needs of the patient.</p> <p><u>This is a key part of our community-based care strategy.</u></p> <p>Local care networks are operating in all our boroughs. They are known as LCNs in Southwark, Lambeth, Greenwich and Bexley; Neighbourhood Care Networks in Lewisham; and Integrated Care Networks in Bromley.</p> |
| <u>Local Digital Roadmap</u> | LDR | The local plan to ensure that "all patient and care records |

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| | | will be digital, interoperable and real-time by 2020” in line with the NHS Five Year Forward View. See also interoperability. |
| Local Medical Committee | LMC | Local Medical Committees are the local representative committees of NHS GPs and represent their interests in their localities to the NHS health authorities. |
| <u>London Quality Standards</u> | LQS | These are the minimum standards of care that patients attending A&E / admitted as an emergency or using maternity services should expect to receive in every acute hospital in London. These standards are set out by NHS England and have been agreed by all CCGs. Although they are specific to London, they are consistent with, and sometimes build on, national standards. |
| Long term conditions | LTC | A long term or chronic condition or illness that cannot be cured but can be managed through medication and/or therapy and that people live with for a long time, such as diabetes, heart disease, dementia and asthma. |
| Major acute / specialist centres | | A large centre which provides acute and /or specialist care for patients with rapid onset or specific illnesses. See also Acute Care and Specialist Care. |
| Maternity services | | Services which care for mothers during pregnancy, labour and after birth, together with their newborn babies. |
| Memorandum of understanding | MOU or MoU | A formal agreement between two or more parties – locally we have drafted and signed MOUs between all the organisations in south east London that set out how we will work together to develop our services. |
| Mental health | MH | Mental health refers to emotional and psychological wellbeing. Everyone has mental health and it is just as important as our physical health. Mental health problems range from the worries we all experience as part of everyday life to serious long-term conditions. |
| Mental health trust | MHT | A Trust that provides specialist mental health services in hospitals and local communities. |
| Midwife led unit | MLU | A unit which specialises in delivering babies by midwives, without the intervention of a consultant obstetrician. |
| Minor injury unit | MIU | A unit for less serious injuries, such as deep cuts, eye injuries, broken bones, severe sprains, minor head injuries, minor burns and scalds. |

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| Minor surgery (Minor ops) | | Small surgical procedures which may be carried out in a range of approved settings. |
| Model of care | | We use this term when we are talking about an overarching design for the provision of a particular type of health care service. For instance, a midwife-led unit model; or a model for the front door of A&E. This is a theoretical model, usually based on evidence-based practice and defined standard. |
| <u>Monitor</u> | | This was an organisation that regulated NHS Foundation Trusts. This is now part of NHS Improvement |
| Morbidity | | Illness or disease |
| Mortality | | Death. On a death certificate in England and Wales, a death is defined by a primary and underlying cause. |
| Mortality rate | | A measure of the number of deaths (in general or due to a specific cause) in a defined population, scaled to the size of that population, per unit of time. National and local mortality rates can be compared and are essential in determining local priorities for services. |
| Multi-disciplinary/ multi-professional team | MDT | Teams comprising different kinds of staff involved in patient care – this could include GPs, nurses, psychologists, occupational therapists, pharmacists, social care staff, hospital doctors and other specialists. |
| Multispeciality community provider | MCP | The <u>national MCP model</u> is similar to the local care network model developed in south east London, but creates a defined organisation that could hold contracts. We see this model as a framework for the next stage of local care network development. |
| National Audit Office | NAO | An organisation which scrutinises public spending on behalf of Parliament. |
| National Health Service | NHS | The NHS is a publicly-funded national healthcare system for the UK, which provides free or low-cost healthcare to all legal residents in the UK. |
| <u>NHS England</u> | NHS England | This body oversees the day-to-day operation of the NHS from April 2013 as set out in the Health and Social Care Act 2012. It is responsible for commissioning some local services, such as GPs, and all specialised services such as prisons and HIV. It also assures the performance of CCGs. |
| <u>NHS Improvement</u> | NHSI | This body was formed in April 2016. It regulates and supports all NHS Trusts in England to give patients consistently safe, high quality, compassionate care within |

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| | | local health systems that are financially sustainable. |
| NHS Trust Development Authority | NTDA | This organisation worked with and supported NHS Trusts who had not become Foundation Trusts. The NTDA has been superseded by NHS Improvement. |
| <u>National Institute for Clinical Excellence</u> | NICE | Independent organisation that provides national guidance on the promotion of good health and the prevention and treatment of ill health. Also responsible for assessing clinical and cost effectiveness of new treatments and medicines, and formally approving them |
| Neighbourhoods / Neighbourhood Care Networks | | See Local Care Networks. |
| Neonatal care | | The provision of care for newborn infants up to 28 days after birth. |
| Neonatal intensive care unit | NICU | A hospital unit containing a variety of sophisticated devices and specialist equipment for the management and care of premature and seriously ill newborns. |
| Never event(s) | | Serious patient safety incidents that should not occur if the available preventative measures have been implemented. CCGs are required to monitor never events in their areas and report on them. |
| New models of care | NMC | Term used by the NHS to describe new ways of organising and delivering care in the community – includes models like the local care networks and new national models like MCPs. |
| Non-clinical | | Staff within the NHS who do not have clinical responsibilities, e.g. administrative, IT, HR etc. This is also referred to as ‘back-office’. |
| Non emergency | | Not being or requiring emergency care. See also Emergency Care. |
| Obesity | | Description of an individual with a Body Mass Index (BMI) equal to or greater than 30kg/m ² . |
| Out of hospital care | OOH | Services that are provided in GP or community clinic settings that give treatment to patients without them having to go into hospital. |
| Out of hours | OOH | A term usually referring to services available between 6.30pm and 8.00am and at weekends. OoH may also mean Out of Hospital. |

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| Outcome | | The result of a health intervention or treatment. |
| Outpatient / Outpatient services | OP | A patient who visits a hospital, clinic or associated facility for diagnosis or treatment, and who is not admitted overnight. Also called 'ambulatory' (ie, walking/not in bed) care. |
| Palliative care | | An approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, including physical, psychosocial and spiritual issues. See also End Of Life Care |
| Parity of esteem | | Patients' mental health and physical health are to be given equal importance by the services that support them. |
| Partnership Group | | This brings together a wide range of senior clinicians and managers from commissioners, including local authorities, providers of NHS services and advisory bodies and also includes patient and public voices representation. It is an advisory group to the Strategic Planning Group. |
| Patient Advice and Liaison Service | PALS | Provides patients, carers and their families with confidential advice and support on NHS Services. All information provided to PALS is treated confidentially and no action will be taken without the agreement of the patient or the person concerned. PALS are accessible by phone, email or letter. |
| Patient and Public Advisory Group | PPAG | A formally constituted group of the STP's patient and public voices (or patient, public and Healthwatch representation) It holds regular meetings to examine and comment on the STP's proposals and reports to the Clinical Executive Group (CEG) and is represented on all CLGs and other groups of the STP. |
| Patient and Public Involvement | PPI | The active participation of citizens, users and carers and their representatives in the development of health care services. |
| Patient and Public Voices | PPV | People (usually volunteers) who are part of the strategy development to ensure that the experiences and values of patients and the public are included in all discussions. |
| Patient feedback | | Feedback received from the public via such methods as deliberative events. See also Deliberative Event. |
| Planned care | | Treatment that is planned in advance (i.e. not emergency). |
| Planned Care Business Case | PCBC | The document that outlines the case for change, financial and clinical details and plans for the proposed elective |

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| | | orthopaedic centre. |
| Personal Medical Services | PMS | PMS agreements are locally agreed contracts between NHS England and a GP practice. PMS contracts offer local flexibility compared to nationally negotiated General Medical Services (GMS) contracts by offering variation in the range of services which may be provided by the practice, the financial arrangements for those services and the provider structure (who can hold a contract). |
| Point of delivery | | The setting, within a hospital, where the patient receives care – this can be A&E, Inpatients or Outpatients. |
| Population | | A group of people with something in common. This might be geographic or characteristic. For examples, the population of Bermondsey, or the population of people living with three or more long term conditions. |
| Practice-based Commissioning | PBC | PBC engages Practices and other primary care professionals in the commissioning of services. |
| Preventative Care | | See proactive care, below. |
| Primary care | | Used to describe the services provided by GPs, NHS dentists, optometrists (opticians) and community pharmacists. This may also include other community health services. |
| Private Finance Initiative | PFI | The funding of public infrastructure projects with private capital. |
| Proactive care | | Care that actively seeks to prevent ill health or deterioration in health by intervening and working with people before they get ill (also called preventive care). |
| Productivity (workstream) | | In south east London, we use this term to describe the joint work being undertaken by our 6 provider trusts. By working together, the trusts will seek to make savings and efficiencies for instance by sharing or working together on some back-office (non-patient focussing) functions: HR, finance, or procurement (buying equipment and supplies). |
| Programme management office | PMO | A single, central support structure, designed to provide assistance to change and delivery initiatives within an organisation. |

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| Protected characteristic | | Nine types of characteristic are protected by the Equality Act 2010. (See above) They are: age; disability; gender re-assignment; marriage and civil partnership; pregnancy and maternity; race including nationality and ethnic origin; religion or belief; sex; sexual orientation. This means it is unlawful to discriminate, harass or victimise another person because they have any of these characteristics. |
| Provider | | A hospital, clinic, health care professional, or group of health care professionals who provide a service to patients. |
| Public health | PH | Public Health is concerned with improving the health of the population rather than treating the diseases of individual patients. |
| Public sector equality duty | PSED | <p>The PSED of the Equality Act 2010 has two components:</p> <p>A general duty requires public bodies – including all NHS organisations – when considering, carrying out and reviewing their policies, services and functions to have due regard to the need to: eliminate discrimination, harassment and victimisation; advance equality of opportunity; and foster good relations with regard to people with protected characteristics.</p> <p>The specific duties require public bodies to publish information to demonstrate compliance with the PSED and set equality objectives.</p> |
| Quality and Outcomes Framework | QOF | Part of the contract Primary Care Trusts had with GPs. It is nationally negotiated and rewards best practice and improved quality of services. |
| Quality, Innovation, Productivity and Prevention | QIPP | An NHS-wide initiative to deliver more and better services and care with fewer resources. |
| Quartet | | This is the term we use for the four leaders of the STP. They are: Amanda Pritchard, Chief Executive of Guys and St Thomas NHS Foundation Trust (also overall lead or SRO); Andrew Bland, Chief Officer of NHS Southwark CCG; Barry Quirk, Chief Executive of the London Borough of Lewisham; and Andrew Parson, GP and Clinical Lead of NHS Bromley CCG. |
| Referral to Treatment Times | RTT | Standards included in the NHS Constitution that establish a patient's right to be treated within a specified time frame. The Referral to Treatment (RTT) operational standards are that 90 per cent of admitted (requiring at least overnight stay) and 95 per cent of non-admitted (outpatient/day |

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| | | case) patients should start consultant-led treatment within 18 weeks of referral. |
| Ring-fencing | | When a portion of an organisation's assets are kept separate and protected. We use this term when we talk about protecting time for certain procedures/operations to be carried out; protecting a budget so that it cannot be cut or used for other things; or using facilities just for one specific service – such as ring-fencing inpatient elective orthopaedic surgery. |
| Risk assessment / risk register | | The process of evaluating the potential risks that may be involved in an activity or undertaking. In the NHS we always carry out risk assessments when planning projects. We hold a risk register where we explain what we think the risks to any given project are; and what we will do to minimise (mitigate) the risk. |
| Screening | | Tests applied to a population at risk to detect problems that have not yet caused symptoms. We use these to detect the early signs of serious diseases and conditions such as cancer and diabetes. |
| Secondary Care | | More specialised care, usually after referral from GP (primary care). This can be provided in a hospital or in the community, e.g. home ward. |
| Secure Hospitals | | High security hospitals or a hospital with secured services. |
| Self care/self management | | Health decisions that people make for themselves and their families to manage their own health and wellbeing. We are developing plans to encourage and support self-care, sometimes by working with patients to identify goals for their health. See Expert Patient Programme |
| Serious Incident | SI | Identified as an incident where one or more patients, staff members, visitors or members of the public experience alleged serious or permanent harm. |
| Single point of access | SPA | The Single Point of Access (SPA) is a service that manages patient referrals from health professionals into all community health services. This makes it easier for patients to access health services. |
| Smoking cessation | | A nationwide NHS strategy to help people who want to stop smoking. |
| Social care | | Non-medical services arranged by local councils to help people in need of support due to illness, disability, old age or poverty. Social care services are available to everyone, |

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| | | regardless of background. Not all social care is funded by the local authorities. |
| Social services | | Personal care services provided by local authorities for vulnerable people, including those with special needs because of old age, physical or mental disability and children in need of care and protection. Not all social services are funded by the local authorities. |
| South east London | SEL | The area covered by the London boroughs of Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark. |
| South East London Commissioning Alliance | | <p>From April 2018, the six CCGs in south east London (Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark) are building on their existing collaboration to commission services more efficiently and effectively for local people in each borough and across south east London.</p> <p>Importantly, each CCG in south east London remains the prime and sovereign body for commissioning primary, community, mental health and hospital services for residents in their boroughs.</p> <p>Within this new alliance, the CCGs have agreed to share a single accountable officer and single chief financial officer with four other CCGs (NHS Bromley, Greenwich, Lewisham and Southwark CCGs). From 1 April 2018 the accountable officer is Andrew Bland.</p> |
| <u>South East London Doctors On Call</u> | SELDOC | A co-operative organisation of member practices which provides out-of-hours services across NHS Lambeth, Southwark and Lewisham CCGs, including telephone advice, GP consultations and home visits. |
| Specialised Commissioning | Spec Comm | <p>NHS England is responsible for commissioning £15.6 billion of specialised services to meet a wide range of health and care needs. These include a range of services from renal dialysis and secure inpatient mental health services, through to treatments for rare cancers and life threatening genetic disorders. The commissioning of specialised services is a prescribed direct commissioning responsibility of NHS England.</p> <p>In south London we are working with NHS England to develop world-class and sustainable specialised services that meet the needs of patients locally and across England.</p> |
| Specialist care | | Health care limited to a particular branch of medicine or surgery. |
| Specialist hospital | | A hospital which provides specialist care for complex |

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| | | conditions. There are none in south east London but patients might be referred to one – for instance, the Royal Marsden cancer hospital or Moorfields Eye Hospital. |
| Specialist/specialised service | | Specialised services are those provided in relatively few hospitals, accessed by comparatively small numbers of patients but with catchment populations of usually more than one million. These services tend to be located in specialised hospital trusts that can recruit a team of staff with the appropriate expertise and enable them to develop their skills. |
| Stakeholders | | The NHS has a wide range of stakeholders that all share an interest in its work, including patients and the public, local and regional NHS organisations, local authorities and social care providers, charities, and the voluntary and community sector. |
| Standalone | | A unit / organisation that operates a discrete service. |
| <u>Strategic Commissioning Framework</u> | SCF | Produced by the London Primary Care Transformation Clinical Board and Transformation Board, this is a response to the national NHS Five Year Forward View. It provides both a new vision for general practice, and an overview of the considerations required to achieve it. |
| Strategic Planning Group | SPG | The senior programme board of the STP. A joint group for strategic decision making in south east London. Members are CCG Chairs and COs; Trust Chief Execs; a Local Authority representative; patient representatives and NHS Specialised Commissioning. |
| Supporting strategies | | Workstreams (programmes of work) that have been set up to support the overall aims of the strategy programme. They are: Information and IT; Communications and Engagement; Workforce; Commissioning models; and Estates. These are now known as ‘enablers’. |
| Sustainability and Transformation Partnerships | STP | <p>Following publication of the NHS Five Year Forward view, all NHS regions in England are required to work together and with their local councils. These regions were required to produce a Sustainability and Transformation Plan (STP) for local services. The STPs have since evolved to become Sustainability and Transformation Partnerships.</p> <p>In south east London, our STP is called “Our Healthier South East London”. Its programmes of work are jointly carried out by south east London clinical commissioning groups (CCGs), hospitals, community health services and</p> |

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| | | <p>mental health trusts, with the support of local councils and members of the public.</p> <p>The partnership is working together to deliver the vision laid out in NHS England's Five Year Forward View and ensure financial and clinical sustainability. The current plan covers the period from October 2016 to March 2021.</p> |
| STP Quartet Executive Group | | This is the executive operational delivery group of the STP, making recommendations to the SPG and holding SROs to account. The members are the quartet with the OHSEL programme director. |
| System-wide | | Across the whole of the health service or health and social care system, sometimes specifically in south east London. |
| Telehealth | | The delivery of health-related services and information via telecommunications technologies. |
| Tertiary care | | Very specialised care, usually provided in hospital, where a patient is referred by a secondary care provider. |
| Trauma | | Serious or violent injury and shock to the body, as from violence or an accident. |
| Trust Special Administrator | TSA | Appointed by the Secretary of State in 2012 to make recommendations in relation to South London Healthcare NHS Trust, which was identified as not sustainable in its existing form. |
| Unplanned Care | | This is care that is not planned or pre-booked with your GP or hospital. |
| Urgent and Emergency Care | U&EC | The workstream looking at urgent and emergency care in south east London. |
| Urgent Care (unscheduled) | UC | Care for people needing medical advice, diagnosis and/or treatment quickly and unexpectedly. See Urgent Care Centre. |
| Urgent Care Centre | UCC | A centre which provides care and treatment for minor illnesses and injuries that require urgent attention but that are not critical or life-threatening. |
| Value | | The impact of outcomes in terms of effectiveness, safety and experience measured against cost. |
| Vanguards | | In January 2015, the NHS invited individual organisations and partnerships to apply to become 'vanguard' sites for the new care models programme, one of the first steps towards delivering the Five Year Forward View and supporting improvement and integration of services. |

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| | | In March, the first 29 vanguard sites were chosen. There were three vanguard types – integrated primary and acute care systems; enhanced health in care homes; and, multispecialty community provider vanguards. |
| Virtual (home) ward | | See home ward |
| Voluntary and Community Sector / Organisations | VCS/VCO | Not-for-profit organisations set up to offer services to specific groups in society. These can be run by paid professionals as well as volunteers. |
| Waiting time | | The time between the request by a GP for an appointment and the actual appointment at an outpatient department or of receiving treatment. There are national targets for waiting times. |
| Walk-in centre | | A service for residents to see a GP or nurse without an appointment. |
| Whole Time Equivalent | WTE | A way to measure a worker's involvement in a project. A WTE of 1 relates to an individual working full-time in an area and 0.5 would equate to 50% of time on a project. Staffing requirements for an organisation are based on WTEs |
| Willetts Review | | This refers to a report by Professor Keith Willett, NHS England's Director for Acute Care, on Accident and Emergency Care in England. |